

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	4/19/84	2 Serial/Patent #	10718,844	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input checked="" type="checkbox"/> Petition		✓	3/3/84	\$ 130.00
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 130.00	
8 TO BE REFUNDED BY:				
<input type="checkbox"/> 10 REASON:		Treasury Check		
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment			9 02-0660	
<input checked="" type="checkbox"/> No Fee Due (Explanation):	Post card receipt. no omitted items			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		Patricia Fairson-Ball		TITLE: Attorney
SIGNATURE:		Patricia Fairson-Ball		PHONE: 3054497
OFFICE:		Petitions		
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APPROVED:		DATE: 4-18-84		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4/19/04 2 Serial/Patent # 10/718,844

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition		<u>3/8/04</u>	\$ 130.00
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 130.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

02--0660

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

error on part of PTO

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Patricia Mason-Ball

TITLE: Attorney

SIGNATURE: Patricia Mason-Ball

PHONE: 305 4497

OFFICE: Patent Office

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APPROVED: Olivia Geller

DATE: 4/19/04

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